DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CARE FOR ALL AGES (0010060)

Address: 1308 S NORWOOD, GREEN BAY, WI 54304

License Status: REGULAR

Licensed/Certified/Registered 12/01/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Compliance

Verified

Corrected

Survey ID: 0092970 End Date: 07/20/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006992 Served 07/29/2004

Deficiencies Cited Subject Area

83.21(4)(o) MEDICATIONS

Survey ID: 0092096 End Date: 02/05/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006937 Served 03/13/2004

Compliance
Deficiencies Cited Subject Area Verified C

Deficiencies CitedSubject AreaVerifiedCorrected83.21(4)(w)SAFE ENVIRONMENT07/20/2004Yes

Survey ID: 0090690 End Date: 06/16/2003 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 07/06/2004 Date Investigation Completed: 07/20/2004

Subject Area(s)ResultSOD #MEDICATIONSSUBSTANTIATED10006992

Date Complaint Received: 12/08/2003 Date Investigation Completed: 03/04/2004

Subject Area(s)ResultSOD #SUPERVISIONSUBSTANTIATED10006937

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